



Modified 02-03

PTO/SB/21 (01-03)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | |
|--|-------------------------|-------------------------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application / Conf. No. | 10/693,215 / 2277 |
| | Filing Date | October 24, 2003 |
| | First Named Inventor | Michael A. Nix |
| | Examiner Name | Peguy J. Pierre |
| | Art Unit | 2819 |
| | Patent No. | |
| Mail Stop: | | |
| Express Mail Receipt No. | | |
| Total Number of Pages in This Submission | | Attorney Docket Number X-1064-1D US |

| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) | <input type="checkbox"/> After Allowance Communication to |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Declaration / Oath | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Affidavit(s)/declaration(s) | <input type="checkbox"/> Petition - | <input checked="" type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Change Status to LARGE ENTITY | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | |
| <input type="checkbox"/> Express Abandonment Request | <input checked="" type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) | Remarks | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|----------------------------|----------------------------|--|
| Firm or Customer Number | 24309 (Customer Number) | Reg. Number 37,652 |
| Attn: | Kim Kanzaki | |
| Signature | | |
| Date | April 1, 2004 | Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040 |

CERTIFICATE OF MAILING

| | | |
|--|-------------|--------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: April 1, 2004 | | |
| Typed or Printed Name | Pat Slaback | |
| Signature | | Date April 1, 2004 |

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 110.00

Complete if Known

| | |
|-------------------------|-------------------|
| Application / Conf. No. | 10/693,215 / 2277 |
| Filing Date | October 24, 2003 |
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| Examiner Name | Peguy J. Pierre |
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| Attorney Docket No. | X-1064-1D US |

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

☒ Deposit Account

Deposit
Account
Number

24-0040

Deposit
Account
Name

XILINX, INC.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

| Fee Code | Fee (\$) | Fee Description | Fee |
|----------|----------|------------------------|-----|
| 1001 | 770 | Utility filing fee | |
| 1002 | 330 | Design filing fee | |
| 1003 | 510 | Plant filing fee | |
| 1004 | 770 | Reissue filing fee | |
| 105 | 160 | Provisional filing fee | |

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra | Fee from below | Fee Paid | |
|---------------------------|---------|----------------|----------|-----|
| 06 | -20** = | 0 | \$0 | |
| Indep. Claims | 02 | -3** = | 0 | \$0 |
| Multiple Dependent Claims | | | | |

**or number previously paid, if greater; For Reissues, see below

Large Entity

| Fee Code | Fee (\$) | Fee Description |
|----------|----------|---|
| 1202 | 18 | Claims in excess of 20 |
| 1201 | 86 | Independent claims in excess of 3 |
| 1203 | 290 | Multiple dependent claim, if not paid |
| 1204 | 86 | **Reissue independent claims over original patent |
| 1205 | 18 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$)

0.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity

| Code | Fee (\$) | Fee Description | Fee Paid |
|------|----------|--|----------|
| 1051 | 130 | Surcharge - late filing fee or oath | |
| 1052 | 50 | Surcharge - late provisional filing fee or cover sheet. | |
| 1812 | 2,520 | For filing a request for exparte reexamination | |
| 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | Extension for reply within first month | |
| 1252 | 420 | Extension for reply within second month | |
| 1253 | 950 | Extension for reply within third month | |
| 1254 | 1,480 | Extension for reply within fourth month | |
| 1255 | 2,010 | Extension for reply within fifth month | |
| 1401 | 330 | Notice of Appeal | |
| 1402 | 330 | Filing a brief in support of an appeal | |
| 1403 | 290 | Request for oral hearing | |
| 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | Petition to revive - unavoidable | |
| 1453 | 1,330 | Petition to revive - unintentional | |
| 1501 | 1,330 | Utility issue fee (or reissue) | |
| 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | Petitions related to provisional applications | |
| 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 770 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 770 | Request for Continued Examination (RCE) | |

Other fee (specify) Terminal Disclaimer (1.20(d))

\$110

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Kim Kanzaki

Registration No.
(Attorney/Agent)

37,652

Telephone

408-879-6149

Signature

Date

04-01-2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.